



Maryland Board of Examiners of Psychologists
4201 Patterson Avenue, 2nd Floor
Baltimore, Maryland 21215-2299
Telephone No.: 410 764-4787
Fax No.: 410 358-7896

Board Use Only

Date Received _____

License Number _____

Tracking Number _____

Complaint Form

The Board of Examiners of Psychologists (the “Board”) is charged with qualifying, examining, and licensing individuals for the practice of psychology in Maryland. The Board also investigates and acts upon complaints against licensed psychologists and against individuals practicing under the supervision of licensed psychologists, such as psychology associates.

In order to protect the public, the Board urges you to file your complaint. Complete the following form and sign the affirmation. Please indicate if information being requested is unknown.

Please type the form or print **legibly**. In order to expedite the processing of your complaint, please ensure that all names, addresses and telephone numbers are correct. If there is more than one psychologist or psychology associate involved in the complaint, please use a separate Complaint Form for each psychologist or psychology associate.

Please understand that there is usually a considerable time lapse between the filing of the complaint and the disposition of the complaint. The Board must conduct a thorough investigation after which, if formal charges are issued, the case must proceed through the formal disciplinary process. You will receive periodic written updates as to the status of your complaint and the final disposition of the complaint.

DO NOT WRITE ON THIS PAGE

Please leave this cover sheet attached to your complaint form.

Notice of Confidentiality: The Board respects the confidential nature of psychological services and the privacy concerns of the consumers of those services. If a psychologist is charged by the Board with a violation of the laws or regulations of the Board, that psychologist has a right to know, unless circumstances warrant otherwise, the name of the complainant and the contents of this complaint form. Furthermore, if this complaint results in formal charges against the psychologist, the contents of this document may become a part of the official record in the case.

Complaint Form

1. *Your name in full* _____
2. *Home address* _____
3. *Business address* _____
4. *Home telephone number (including area code)* _____
5. *Business telephone number (including area code)* _____
6. *Are you 18 years of age or older?* Yes No
7. *Name of psychologist or psychology associate against whom you are registering this complaint:*

8. *Employment address of psychologist or psychology associate:*

9. *Telephone number of psychologist or psychology associate (including area code):*

10. *Check your relationship to the psychologist or psychology associate:*
 Current patient or client
 Former patient or client
 Parent of minor child currently in treatment
 Parent of minor child formerly in treatment
Other (Please describe):
11. *Indicate what service(s) the psychologist or psychology associate was providing to you or to the patient?*
Individual therapy
 Group therapy
 Psychological evaluation
 Court ordered service(s) (Please describe): _____
 Other (Please describe): _____

Complaint Form

12. List the beginning and ending dates of the time period when the services in Item #11 were provided:

13. List the addresses where the services were provided:

14. If you were not the patient or the recipient of the service, did you personally investigate the facts set forth in this complaint? Yes No

15. List the name, title or position, address and telephone number of any individual(s) who assisted you in the investigation of the facts set forth in this complaint. If none, write "None."

16. List the name of any other official or organization with which you have filed this complaint, either oral and/or in writing. If none, write "None."

17. If you have complained to another official or organization, what is the status of your complaint with that official or organization?

18. Have you discussed your complaint with the psychologist or psychology associate in question?
Yes No

19. If you have discussed your complaint with the psychologist or psychology associate, briefly, what was his/her response?

Complaint Form

20. List the name, address and telephone number(s) of any witness(es) to the facts set forth in this complaint, especially a witness that was present when the violation occurred:

IF THE COMPLAINT IS BEING MADE BY A PERSON OTHER THAN A PATIENT/CLIENT AND YOU ARE ACTING IN AN OFFICIAL OR PROFESSIONAL CAPACITY, PLEASE FURNISH THE FOLLOWING ADDITIONAL INFORMATION:

21. Your official title or designation _____

22. Did you personally investigate the matter set forth in this complaint? Yes No

If not, or if others assisted you in the investigation, please state the names and titles of the person(s), if any, who investigated or assisted in the investigation of this matter.

23. Do you have any reports or other written communications directed to you and/or your organization with respect to the matter(s) detailed here? Yes No

If so, please attach that information to this complaint form.

Complaint Form

24. Provide a ***detailed*** description of your complaint. Read instruction #8 of the information booklet.

Complaint Form

(Attach additional pages as necessary)

Complaint Form

25. Will you consent to release to this Board or its designated investigating body the psychological or medical records that pertain to you or your minor child, or other records that you are legally authorized to release that pertain to the facts set forth in this complaint?

Yes *No*

26. *If yes, please complete and sign the attached release of information form. Use a separate form for each health care provider.*

27. If no, please explain:

[illegible]

I HEREBY DECLARE AND AFFIRM under the penalties of perjury that the matters and facts set forth in the foregoing complaint are true and correct to the best of my knowledge, information and belief.

Signature of the Complainant

Date

Complaint Form

RELEASE OF MEDICAL AND PSYCHOLOGICAL RECORDS

I. _____
(Your Name)

of _____
(Your Address)

do hereby authorize _____ to release to the
(Psychologist or Health Care Provider)

Department of Health and Mental Hygiene, Board of Examiners of Psychologists

all records relating to the treatment or services provided to

(Patient/Client Name)

during the period _____ through _____ and permit discussion of the details

of the treatment or service.

This release is valid for one year from the date below.

Signature

Date

Complaint Form

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